
Fathers' Experiences of Childbirth Education

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ABSTRACT

The aim of this phenomenological study was to describe fathers' experiences of childbirth education. Ten fathers were interviewed 2–4 months after the birth of their first child. The researchers analysed the interviews. The study's findings show that childbirth education creates preparedness for birth and fatherhood, but it has a secondary role for fathers. Thus, the fathers' transition becomes more complicated due to a focus on their secondary role. The opportunity to receive information that addresses the needs and concerns of fathers, specifically, and to develop male group discussions is needed to build networks and support the transition to fatherhood.

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In many western societies, men have traditionally assumed the role of breadwinner in the family. During the last few decades, however, men have been more involved in domestic labour and childcare. Fathers' participation in childbirth education and how to prepare men for fatherhood are now an interest of researchers in different countries (Draper, 2002, 2003; Finnbogadottir, Svalenius, & Persson, 2003; Johnson, 2002; Kalia-Behm & Vehiläinen-Julkunen, 2000; Lupton & Barclay, 1997; Polomeno, 1998; Ross, 2001; Smith, 1999; Tiedje, 2001).

In Sweden, childbirth education as we recognise it today started in the 1950s. The first courses were gymnastic classes, inspired by Grantly Dick-Read (1962).

During the 1970s, the debate concerning the potential of birth without pain started in Sweden. Simultaneously, prospective fathers made their

entrance in the birth room. More often than not, however, they were unprepared for the situation. Childbirth education began to change and to include trends such as Frederick Le Boyer's (1975) birthing method of nonviolent birth and the Lamaze method (now known as the "Lamaze Philosophy of Birth"). These trends had an impact on the existing education. Childbirth education, with an emphasis on information and physical training for both parents, was initiated (Socialstyrelsen, 1979). In the 1990s, 20 years after prospective fathers first entered the birth room, childbirth education in Sweden became more focused on the family, but it still primarily addressed women and their needs (Statens Offentliga Utredningar, 1997:161). In Hallgren's (1997) study, men expressed their disappointment over this disparity. During these later

decades, childbirth education continued to change and, in many classes, physical exercise was omitted. The focus turned to medical information and discussions of intentions and their consequences. Hallgren's study found that the disappointed fathers expressed no preconceptions of childbirth education and viewed class attendance as merely a ritual to go through before becoming a father.

In a study from the United Kingdom, researchers found that, for some fathers, attendance in childbirth education had positive consequences for them and their partner (Greenhalgh, Slade, & Spiby, 2000). For other men, however, it was associated with a less positive experience in childbirth, especially for men who had a pre-existing tendency to avoid preparatory information because the information increased their anxiety. Several studies have also reported that some men felt uncomfortable and preferred to be spectators during pregnancy and labour, leaving the midwife to support the woman (Chapman, 1991; Johnson, 2002; Kalia-Behm & Vehviläinen-Julkunen, 2000). This finding supports Raphael-Leff's (1991) opinion that men in western society are frequently left alone in their transition to parenthood.

The research on men becoming fathers has actually concentrated on their support for the woman during labour (Beardshaw, 2001; Beaton & Gupton, 1990; Bondas-Salonen, 1998). In Sweden, men are invited to visit the antenatal clinic with their partner during pregnancy; however, research found that the midwives often neglected the man and concentrated on the woman during the visit (Olsson, 2000). Men also describe receiving mixed messages about labour participation. In one study, 50% of the men expressed they had felt pressure to be present at the birth not only from their partner, but also from the midwife (Johnson, 2002). Professionals told men who hesitated that participation in labour was a way to become a "better" father. Yet, more than half of the men in the same study reported they had been made to feel as if they were "in the way" during the birth.

In summary, childbirth education in Sweden has changed over the decades to concentrate on the

family instead of only on the woman, but prospective fathers still report feeling marginalised in this female-dominated arena. Prospective fathers would benefit from preparation for birth and parenthood in a more appropriate mode (Beardshaw, 2001; Draper, 2002; Hallgren, Kihlgren, Forslin, & Norberg, 1999; Johnson, 2002; Matthey et al., 2001). Midwives strive to educate fathers and give them vital information, but they may inadvertently give mixed messages about the fathers' role (Johnson, 2002; Olsson, 2000). Although some researchers have examined fathers' experiences, in-depth knowledge of fathers' perceptions remains limited. The aim of the current study was to further describe Swedish fathers' experiences of childbirth education.

METHODS

During the 1940s, maternity care was established in Sweden as part of the welfare policy; today, it is integrated into the general health-care system. From an international perspective, Swedish maternity care is unique and an example of a successful public-health project that provides care free of cost for all women. The program offers assistance during pregnancy and 12 weeks postpartum, along with an option of childbirth education. The childbirth education group meets four to five times during the last trimester of pregnancy. When the woman is healthy and has a normal pregnancy, midwives in the primary health-care system provide all antenatal care. The midwives also manage the care of women during a normal childbirth. When complications or risk factors occur during the pregnancy or the birth, an obstetrician takes responsibility, but the midwife remains involved. After birth, the usual stay at the maternity ward is 48 hours, with fathers having the option to stay at the hospital with their family (Socialstyrelsen, 1996).

In order to achieve a full description of fathers' views of and needs for childbirth education, a data-collection method that encompasses the complexity of human life is essential. Becoming a father and preparing for fatherhood are major events for any individual, even though many consider the transition to fatherhood as just an ordinary and commonplace life event experienced by numerous men. In the current study, a method capable of extending the perspective beyond the view of the event as commonplace was needed. Thus, qualitative interviews were undertaken to gain insights into the perceptions of the individual (Kvale,

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1997). The researchers chose a phenomenological lifeworld approach based on Husserl's (1936/1970) phenomenological philosophy. In phenomenology, "to go to the things themselves" has central meaning. Husserl describes phenomenology as a way of doing full justice to the everyday experience and exploring the variety of the everyday world.

Husserl's theory of the lifeworld was further explicated by Merleau-Ponty (1976/1945) who stated that, in the lifeworld theory, intersubjectivity and coexistence with others are important. The essential components of lifeworld research are openness, immediacy, and reflection on the data. Here, a significant meaning of openness is that the researcher is available to the world and to the phenomenon as it presents itself (Husserl, 1936/1970). Dahlberg, Drew, and Nyström (2001) also suggest that the researcher needs "to have an open and immediate mind" (p. 99) to reach the informants' lifeworld and to grasp the meaning.

The current study was carried out in a small, countryside town in the southwest region of Sweden. Thirteen public antenatal care units are located in this area. Ethical approval to undertake the current study was obtained from the ethics committee, and access to undertake the study was obtained from the physician in charge at the hospitals. The study sample consisted of 10 first-time fathers who were 25–35 years old and had attended childbirth education classes. The primary researcher recruited the participants at the maternity ward. Fathers received an oral explanation and written information on the study. More information was given when the interview was scheduled. The fathers' educational level was upper secondary school, except for three men who had a university degree. The couples had lived together for 2–12 years when the baby was born, with a median of 5 years. The interviews took place at each participant's home 2–4 months after birth and lasted 30–90 minutes. All interviews were conducted by the principal investigator. The interviews were taped, and the guiding question was, "What is your experience of the childbirth education you attended before the baby was born?"

DATA ANALYSIS

The data analysis followed the description of Dahlberg and colleagues (2001) and Giorgi (1997). The interviews were transcribed and primarily analyzed by the principal investigator and, in turn, discussed and appraised by the study's supervisor and

cowriter in order to validate the analysis. Each interview was first read to bring out a sense of the whole, and after that the meaning units were marked. The meaning of the text was organised into different clusters by "unpacking" the meaning of the text and relating the meaning units to each other. In the final stage, the essence of the investigated phenomenon—a description of what was revealed—was formulated. Through a transformation from the subject's naïve description to a language meaningful for midwifery, a new understanding of the phenomenon was developed.

RESULTS

The data analysis revealed that, for fathers, the essential structure might be described as "childbirth education takes a secondary role while simultaneously creating preparedness for birth and fatherhood." A secondary role meant that childbirth education had no unique position for the fathers. Information gained from other sources made more or the same impact on them, although childbirth education was experienced as a convenient way of gaining knowledge. The meaning of the secondary role was also present as it related to the woman. During this period, the fathers described their task as supporting and serving the woman and the child. The fathers also said that childbirth education created preparedness for labour and for fatherhood by helping them create images of the future. These images helped the prospective fathers relate to their new experiences during labour and the first weeks with the baby. The fathers also felt the benefits of the preparation in the way they were prepared to meet potentially unexpected and difficult situations in this period. The essential structure of the class from the fathers' perception can be further described by its five constituents:

1. to be informed,
2. to listen to and share other parents' narratives,
3. to be there for the woman,
4. to imagine what the future holds, and
5. to be parent Number Two.

To Be Informed

To be informed was a central meaning. Fathers expressed that childbirth education was informative concerning pregnancy and birth, and it was an easy way to get information without any effort. Descriptions of childbirth education classes

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included the word “good” and expressions about how the fathers received exactly what they needed. For example, “We were informed about everything we needed” (Interview Person [IP] #5).

However, childbirth education classes had no unique position for the fathers. It was secondary, and the men reported that information about pregnancy, birth, and fatherhood was easy to get from other sources such as Web sites, books, friends, and family. The information given through childbirth education classes was not viewed as anything unique:

There is always something new to learn [in childbirth education] . . . but I think you can get a lot of advice and information in books, as well as from friends and relatives, I think that’s useful. . . . (IP#9)

The fathers also described childbirth education as being too basic. The men noted that a lot of social talk took place in class and that information was often given in an inefficient way. After childbirth education classes, the fathers expressed disappointment with the fact that no specific education was available to meet the needs of the fathers. They felt it would be important for more information to be addressed directly to the fathers—for example, “some kind of lecture discussing the father’s role” (IP#8).

To Listen to and Share Other Parents’ Narratives

The men viewed the opportunity to share other parents’ stories and to participate in discussions with other parents and the midwife as an important aspect of the childbirth education classes:

There were narratives told by the other parents about their earlier pregnancies and deliveries. . . . But they varied, so you can’t rely on it. . . . It would not be the same for us. . . , but it is interesting to hear what they have experienced. (IP#7)

According to the discussions of the narratives, the fathers sometimes used the opportunity to ask

questions as one way to express feelings of fear. For example, one man said he perceived seeing the placenta and the bleeding during birth as a serious challenge. In class, he chose to ask questions instead of talking about his fear of blood:

What is the placenta like? And would there be a lot of blood and mess during the whole delivery? (IP#4)

Sharing other parents’ stories contributed to a wider understanding of what is normal in the process. However, the men described some of the stories as being too extreme or as horror stories with no relevance: “They told us about their experiences—horror stories—nothing I could consider at all” (IP#1).

Sharing experiences and talking in the groups with other men, without female presence, was described as essential. The men felt that having their own time and space through male discussion groups would be beneficial:

There was another kind of talk. . . . Everyone experienced that we talked more freely. . . . when the wives and girlfriends were not around. It was the same for me. (IP#7)

To Be There for the Woman

To be there for the woman meant, to the men, a role in supporting and encouraging the woman. It was experienced as the father’s main assignment during pregnancy and birth:

It is natural that everyone concentrates on the woman, but it is good for me to hear that I’m a great support, just to be there giving support, it means a lot. (IP#7)

The fathers stated that they attended childbirth education classes without any special requirements or needs and that they attended merely to accompany the woman. They also reported that they experienced the perception that childbirth education was created more for women than for men:

[F]or me, it is not so important. It [childbirth education] was more crucial for her. . . .” (IP#5)

This course primarily addresses the women. (IP#8)

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The only preconception mentioned by the fathers was that the course would include physical exercises, such as breathing or relaxation techniques, and to prepare for the birth:

...such as a joint breathing exercise. I've seen it on pictures, people sitting on the floor...and the father holds the mother in his arms, and exercises like that... But we had nothing of that in our course... (IP#3)

To be there for the woman during labour implies support, such as giving a massage and being attentive to the woman's needs. Witnessing the woman's pain in labour and not being able to do anything led to the fathers' feelings of helplessness and frustration—feelings the fathers had to hold back:

You feel quite helpless. You stand by the bed during the delivery...and you can't take over the pain. It is so hard... (IP#7)

To suppress their own needs and not expose negative or stressful feelings, especially during labour, was an example of the fathers playing a secondary role. This was necessary in order to adapt to the situation with the woman being the focus during labour. The only exception from withholding emotions was when the baby was born—then the fathers felt they could express their feelings:

There were tears in my eyes, tears of joy. It was really a great feeling... (IP#7)

To Imagine What the Future Holds

To imagine what the future holds means that prospective fathers build their own image about what is ahead in labour and being a parent to a newborn baby: "I had an image of how it would be, but it wasn't really like that..." (IP#3). The stories told in their social life and in their childbirth education classes form this image. In class, childbirth was presented as an ideal situation and, thus, could be mentally experienced as such:

We went through all parts... When you were supposed to go to the hospital...and how to give birth... and the ideal situation of giving birth... (IP#1)

To imagine what the future holds also means being prepared for difficult and unexpected situa-

tions that might occur during this period, as well as creating an image of what could happen if anything went wrong. The actual experience was viewed as positive if a difficult situation did not arise:

I imagine if you think there will be blood everywhere and messy and it turns out to be just half of that, then you experience that as more positive. (IP#6)

I had sometimes thought that it would be really annoying. Children can cry a lot...and you can't sleep... But for us, it wasn't like that... He is very kind, mostly... Of course, if he is hungry, he cries—but usually he is wonderful... (IP#7)

To be Parent Number Two

There were descriptions of fatherhood situations where the men also reported they felt secondary: "You are in second place all the time" (IP#4). The men noted they were aware that participating during childbirth and the baby's first months is important for fathers, but the woman had a superior position to the newborn child. This was experienced as natural and expected, but it was sometimes stressful. Breastfeeding and its positive effects for the child were not under question; however, breastfeeding was experienced as the main reason for establishing the father's position as parent Number Two:

I found it hard that sometimes...I can walk half of the night with a screaming baby, and then I take the baby to my wife and she let her breastfeed—in one minute, everything is absolutely quiet, and I have been walking...for nothing... I experienced that as really frustrating. (IP#6)

The possibility of caretaking participation for the fathers is limited to how much assistance the woman needs and how willing she is to hand over the child:

If the baby does not fall asleep or something...then I can take over. If she can't manage, then I can carry the baby around... (IP#5)

Sometimes I have to say, "Please, now I want to hold her"...or something like that... There is no problem, but I have to show that I really want to take care of the baby... (IP#2)

DISCUSSION

Findings from the current study imply that the father's experience of childbirth education classes is as a person in a secondary role. The men in this study attended class merely to accompany the woman, although they wanted information about the process, as well as physical and practical training. They expressed the desire for information specifically addressed to fathers, the opportunity to ask the educator questions, and to not be overlooked in class.

The secondary role that the fathers experienced in childbirth education classes also means that men choose to prepare for fatherhood in ways other than childbirth education. The men in this study described how they looked for information on Web sites and in books and talked to relatives and friends as a complementary measure to, or instead of, attending childbirth education. In the past, cultural rituals regarding pregnancy and birth guided prospective parents on how to behave in ways that did not jeopardise the safety of the unborn and newborn child. For today's mothers, these rituals have become folklore and have been replaced by the advice of the midwife (Fagerberg, 2000). Interestingly, fathers still turn to friends and relatives for advice and do not always seek information from professionals. Perhaps it is because fathers are not given a natural role in the health-care system during pregnancy and birth. In the current study, the fathers built much of their internal images of what the future holds for them from the information they collected elsewhere and from testing their views in interactions with the midwife.

Perhaps childbirth education in a traditional "women's model" is not the best way to prepare fathers. More research is needed to better understand this aspect. In Sweden, the rates of participating fathers in childbirth education classes are decreasing. This may be a result of men not feeling that their needs are met in the classes (Persson, personal communication, January 20, 2004).

The fathers' view of childbirth education offers a helpful perspective for educators to consider. In the current study, the midwives (the main childbirth educators in Sweden) invited men to antenatal education classes designed for women's needs. The lack of awareness of the fathers' needs was a disappointment to the men. The men in the current study felt that an important aspect in childbirth education was to talk and share experiences with other men in the same situation and in small groups. Sim-

ilarly, in another study, researchers stress the importance of network building and interactions, such as personal encounters with the caregiver, in order to help promote feelings of being connected in the transition process (Meleis, Sawyer, Im, Hilfinger-Messias, & Schumacher, 2000).

An experienced father leading a group only for fathers at some point during childbirth education may be appropriate. The use of specially trained father-facilitators in childbirth education has been tested in Scotland (Symon & Lee, 2003) and Australia (Friedewald, Fletcher, & Fairbairn, 2005) with good results.

In the current study, the fathers' anticipation for breathing exercises, relaxation techniques, and practical training in class is interesting. In Sweden, breathing techniques and other methods associated with natural childbirth have been out of fashion for more than a decade (Socialstyrelsen, 1996). The finding in this study of the fathers' need for embodied participation and their experiences of being detached, though wanting to participate in pregnancy and birth, were also found in a British study (Draper, 2002). Additionally, as in the current study, an earlier study found fathers' desire for information about baby care and normal conditions for the baby (Vehviläinen-Julkunen & Liukkonen, 1998).

A total of 5–10% of all women suffer from postpartum depression and mental illness during the baby's first year. In a Swedish dissertation, Rydén (2004) reported that postnatal depression and mental illness are approximately the same for both sexes. However, while the women's depression usually occurred in the first 3 months after giving birth, men's depression usually started 3–9 months after the birth. When the men's depression in Rydén's study was initially diagnosed, it was not recognized that it might be related to the fact that the men had recently become fathers. Rydén also found that men with a depressed wife had an increased risk of becoming depressed. In another study, men's experience of symptoms during depression was also found to be different from women's symptoms (Rutz, Wålinder, Rhimer, & Pestality, 1999). When women were in a depressed mode, they felt anxious and insecure; men, however, expressed irritation, aggression, nonsocial behaviour, drug abuse, and low impulse control. These feelings can lead to jealousy towards the child, feelings of alienation, and a change in sexual life, which in turn can lead to violence against the partner

(Cohen, Ansara, Gallop, Stuckless, & Stewart, 2002).

At the beginning of modern childbirth education in Sweden, some hoped that the development of childbirth education classes would decrease problems with family or child abuse. Unfortunately, such abuse is still a current problem in society. Little is known about the mechanism behind child abuse during the baby's first year, but it is not unusual for it to be perpetrated by the father (Guterman & Lee, 2005; Nilsson, Bengtsson-Tops, & Persson, 2005). A well-developed childbirth education course for men alone cannot prevent abuse, but perhaps it could contribute to well-prepared, healthier parents who develop patience and a deeper understanding of the needs of each other and their child. A class that addresses these problems of men would be a start in working towards a societal solution. Thus, this is an example of a missed opportunity in a childbirth education class focused only on women's needs.

In the current study, even when the fathers were asked about their experiences of childbirth education classes, they talked about their experiences of becoming a father. The study's findings imply that men's experience of always being put into a secondary role during childbirth is problematic for them. Becoming a father is an important transition process (Draper, 2003; Meleis et al., 2000). Assuming only a secondary role during transition is a demanding situation, as the fathers in this study expressed in different ways. This vulnerable situation is further complicated by the fact that men are also expected to be supportive to the woman giving birth. The fathers' symptoms of helplessness and anxiety during labour suggest that the birth is a critical turning point in the transition to fatherhood. According to Meleis and colleagues (2000), caregivers have to be aware of the situation in order to give individual support to the fathers, too. However, individuals in transition usually have problems with self-care and communication with caregivers during critical turning points. Thus, the caregivers may need to reach out. More research is required to explore fathers' needs of support during childbirth and the transition to fatherhood.

IMPLICATIONS FOR CHILDBIRTH EDUCATION

In order to provide childbirth education for both parents, it is necessary to develop a new model for childbirth education that is better suited to

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both sexes. Designing groups for prospective fathers in order to strengthen men's role in the transition to parenthood and to build male networks could be one important element. The childbirth educator's primary task would then be to build a group climate for discussions that focus on fathers' needs. Educators must also be aware that the fathers' special interests are a resource, especially while women are occupied with thoughts of labour. During this period, fathers who are interested in and have the possibility to learn about the baby's health and normal behaviour may enjoy taking an active role in finding resources for the family. Finally, offering the couples physical training and providing expectant fathers with tools for labour support and for handling their emotional state are important recommendations and may offer one way to further develop Sweden's antenatal education and to bring fathers back to childbirth education classes.

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